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# TASK FORCE

on

# EDUCATIONAL MOBILITY



# PHASE II REPORT

September 1, 1990

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Maryland. Task Force on  
Educational Mobility.  
Phase II report

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I.

EXECUTIVE SUMMARY

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The 1989 Session of the Maryland General Assembly enacted Senate Bill 704 which required the Maryland Higher Education Commission and the State Board of Nursing to establish a Task Force to:

1. Investigate the feasibility of creating a licensed practical nursing component within the associate degree nursing programs;
2. Investigate the feasibility of awarding advanced standing to unlicensed nursing care providers in college-based licensed practical nursing programs; and
3. Investigate the feasibility of establishing a program to assess and subsequently address any educational deficiencies with existing unlicensed care providers, to enable them to enter into licensed practical nurse or registered nurse education programs.

A Task Force was established which included representatives from the State Board of Nursing, Maryland Higher Education Commission, State Board for Community Colleges, State Council on Vocational-Technical Education, Maryland Hospital Association, and the Health Facilities Association of Maryland. The Task Force was chaired by Rosemarie E. Liberatore, R.N. Due to the complexities of the charge, the Task Force initially addressed the issue of creating a licensed practical nursing component within the associate degree nursing programs. The results of the Task Force's investigation of this issue are included in a Phase I Report which was submitted to the General Assembly on November 15, 1989.

This Phase II Report addresses the issues included in the charges that relate to unlicensed health care providers. Unlicensed health care providers include nursing assistants, geriatric nursing assistants, and other health care providers. Many of these providers perform their roles after completing a variety of training programs offered by high schools, community college continuing education programs, and private career schools. Once employed, unlicensed health care providers in Maryland do not have ready access to an educational mobility program for advancement in the nursing profession.

The Task Force gathered and analyzed information from community colleges, hospitals, and nursing homes about the current availability of remedial and transitional courses and programs needed to support the establishment of an educational mobility plan for unlicensed health care providers.

It was discovered that colleges have not been willing to grant advanced standing in the health care curriculum solely on the basis of prior work experience. Part of the rationale is that colleges have noted some students are not academically prepared to take courses required in the nursing education curriculum. However, several community colleges have initiated innovative approaches to articulate training programs for unlicensed health care providers and collegiate-licensed practical nurse and associate degree nursing programs. Basic skill remedial programs, summer work study programs for high school students, and validation procedures to allow high school students to obtain college credit for courses completed in high school have been established.

Surveys of hospitals and nursing homes indicate there are impediments to providing educational mobility for unlicensed health care providers such as:

Lack of basic skills

Family responsibilities

Concern about return on investment

Availability of financial assistance

However, many hospitals do offer financial assistance and a variety of options for taking courses to assist workers seeking educational advancement. A special concern of nursing homes is the possible loss of the worker upon completion of advanced training.

The Task Force concluded that:

- a. It is feasible to establish a program to access and subsequently address any educational deficiencies with existing unlicensed health care providers, to enable them to enter into licensed practical nurse or registered nurse education programs;
- b. It is feasible to award advanced standing to unlicensed health care providers who seek admittance to college-based licensed practical nursing programs; and
- c. There should be two avenues of mobility for unlicensed health care providers seeking college credit for training in non-collegiate programs:
  - 1) graduation from a validated non-collegiate program;
  - 2) successful completion of standardized challenge examinations which lead to college credit for specific modules of the "Fundamentals of Nursing" course at participating colleges.

### RECOMMENDATIONS

#### **Recommendation #1**

Establishment of a statewide validation committee under the auspices of the Board of Nursing in cooperation with the State Board for Community Colleges, State Department of Education, and the Maryland Higher Education Commission to:

- a. Identify the core competencies currently taught in beginning level nursing courses which are also incorporated in programs preparing unlicensed care providers (e.g. geriatric nursing assistants, nursing assistants and other unlicensed care providers).
- b. Develop a validation process through which participating programs can submit their curricula to the Board of Nursing for review and approval to participate in this validation model.
- c. The validation committee shall include representatives from a variety of agencies, secondary, and post-secondary public and private and other organizations offering educational programs for unlicensed providers.

In order to assist schools in the validation process, evaluation and approval mechanisms for programs should be established. This will assure minimum standards regarding teachers, course content and clinical practice are met. The Board of Nursing is the appropriate agency to implement the approval process, since the Board currently has a similar responsibility for nursing education programs.

#### **Recommendation #2**

That the Board of Nursing identify and approve a standardized test to be administered to those people desiring to "challenge" specific modules of beginning level courses.

#### **Recommendation #3**

That participating colleges provide special remedial bridge courses and transitional studies programs. The introduction of bridge courses will give access to collegiate programs to unlicensed health care providers with learning disadvantages who might otherwise be discouraged from enrolling in a college program.

#### **Recommendation #4**

That funds be provided in the budget of the State Board for Community Colleges for community colleges to develop and implement the nursing assistant/geriatric nursing assistant-community college articulation model.

#### **Recommendation #5**

The responsibility for compliance with the Federal Omnibus Budget Reconciliation Act (OBRA) in relation to unlicensed care providers in Maryland be transferred from the Division of Licensing and Certification within the Department of Health and Mental Hygiene to the State Board of Nursing to assure coordination with the statewide nursing mobility model and reduce duplication of activities within the agencies. This may require enabling legislation.

## II.

### INTRODUCTION

The 1989 session of the Maryland General Assembly enacted Senate Bill 704 which required the Maryland Higher Education Commission (MHEC) and the State Board of Nursing (SBN) to establish a Task Force to:

1. Investigate the feasibility of creating a licensed practical nursing component within the associate degree nursing programs;
2. Investigate the feasibility of awarding advanced standing to unlicensed nursing care providers who seek admittance to college-based licensed practical nursing programs;
3. Investigate the feasibility of establishing a program to assess and subsequently address any educational deficiencies with existing unlicensed care providers, to enable them to enter into licensed practical nurse or registered nurse education programs.

A Task Force was established which included representation from schools of nursing, hospitals, nursing homes, and home care agencies, as well as other nursing educators. The initial meeting of the Task Force chaired by Rosemarie E. Liberatore, R.N. was held on July 13, 1989. The Task Force initially addressed the first charge of the Legislation. A Phase I Report dealing with that charge was submitted to the General Assembly on November 15, 1989. The Executive Summary of the Phase I Report is presented in Appendix A. This Phase II Report addresses the issues included in the charge that relate to unlicensed health care providers.

### III.

### STATEMENT OF THE PROBLEM

There are many agencies in the State of Maryland which employ unlicensed health care providers. Many of these providers perform their role as a result of a variety of training programs which are not standardized in terms of content or outcomes. These unlicensed personnel represent a potential pool of licensed health care providers. Yet in many instances they are not encouraged to continue their education. A variety of factors which may create obstacles to their advancement are addressed in this report. Currently, there is often little opportunity for unlicensed health care providers to use their previous preparation and experience to gain advanced standing when they enroll in the licensed practical or registered nursing education programs. It is estimated that only 10% of the entering classes in associate degree nursing programs have had previous training in the health care field. Senate Bill 704 suggests that these persons could benefit from access to opportunities for advanced standing and that they may represent an additional pool of persons who would seek mobility if advanced standing were available. Colleges have not been willing to grant advanced standing in the health care curriculum solely on the basis of prior work experience. Since the educational preparation for unlicensed health care providers is not standardized, validation of prior learning is difficult.

#### IV.

#### BACKGROUND INFORMATION

As a part of its deliberations, the Task Force gathered information from both the academic and employment communities about efforts to provide educational mobility for unlicensed health care providers.

##### A. COMMUNITY COLLEGE PILOT PROJECTS

An analysis of the information obtained revealed that a number of community colleges have already begun taking innovative approaches to articulation between training programs for unlicensed health care providers and collegiate practical nurse and associate degree nursing programs. Three different approaches that have been developed by individual community colleges are described below.

1. Charles County Community College examined the geriatric nursing assistant and Health Occupations Program curriculum and found parallels with the college's beginning principles and practices of nursing course. The college developed a validation test to allow geriatric nursing assistants to earn credit for the first half of this course which specifically focuses on geriatric nursing content. The college also developed an innovative summer work study program for high school students to deal with the general lack of academic preparation. The program is designed to attract students who have completed their sophomore year in high school. It includes a summer work program with morning classes which give the student a variety of theory experiences including basic nursing skills and college success skills. It also allows the students to work for pay in a hospital so that they can experience the work setting and decide if it is, in fact, the place they would like to work. At the end of their junior year, students who complete the two

summer programs receive three credits of advanced standing in the practical nursing program or associate degree nursing program at the college. They also have completed the content within the geriatric nursing assistant curriculum, which is the first three credits within the nursing program. This enables students to work as geriatric nursing assistants as they move into the nursing education program.

2. Montgomery Community College in conjunction with the Montgomery County Public School Medical Careers Program has also developed a validation procedure to allow high school students to gain college credit. The process and the instruments are modeled on the associate degree nursing to baccalaureate articulation but adapted for health care providers entering an associate degree nursing program. Faculty of the college conduct site visits to the high schools which grant advanced standing to their students to assure that courses being offered meet the validation criteria. The development of a variety of specialized modules enables students to earn 3-4 credits through the validation process.
3. Prince George's Community College, through a federal grant, has been able to devise a 12 credit hour program called the Nursing Education Preparatory Program (NEPP). This program is designed to prepare students from disadvantaged backgrounds for entry into an associate degree nursing program. The program includes "Nursing Preparatory Essentials" (6 credits), which emphasizes learning strategies and study skills as well as math and reading; "Developing an Attitude of Success" (1 credit); "Choosing Your Academic Major" (1 credit); and biology courses as indicated by the readiness of the student and/or general education courses required for the nursing curriculum.

Integrative learning (whole brain accelerated learning) techniques are utilized to increase creative energy and to promote a more natural and effective use of the individual's learning potential.

At this point, student evaluation surveys indicate achievement of science and nursing course objectives with less anxiety and a greater probability of success. Students strongly agree that the content does correlate with their general studies and that integrative learning methodologies are effective in mastering difficult subject matter and, generally, in coping with the stress of being a student. The new Community College of Baltimore is also considering the implementation of a pre-nursing course which would include many of the same components as the Prince George's Community College essentials course.

4. In general, Task Force Members found that placement testing in reading, English, and mathematics was available in all community colleges across the State. The purpose of the placement testing is to assess each student's entry level skills and to recommend courses at the level of difficulty appropriate to those skills. As a result the student has a better chance for success and can avoid the frustration of courses which are too easy or too difficult. Placement testing usually occurs after the student has been admitted. Students whose placement scores indicate a need for skill development are required to complete the appropriate developmental courses.

Personnel at these schools report that even though students are referred to developmental courses, many of them do not take these courses, but register for courses for which they are not appropriately prepared. Some faculty suggest that students who must take two or more developmental courses might benefit from a

transition course into the nursing education program that would incorporate some of the content of the developmental courses within an applied nursing framework.

As a further incentive at many colleges, students involved in the nursing program have received continued support during their enrollment in the nursing program in the form of vocational services, financial assistance, support teams and/or peer tutors offered through the State Department of Education, Division of Vocational Technical Education.

## **B. SURVEY OF HOSPITALS**

A cross section of human resource executives from Maryland Hospital Association member hospitals was invited to participate in a focus group. Representatives were included from both large and small hospitals in urban and rural settings.

Issues identified by employers in advancing their employees were the following:

- Many interested workers do not have the basic skills to pursue advancement. Some have not graduated from high school or completed GED; others may be illiterate.
- Workers who are interested and capable may be unable to pursue educational advancement due to family responsibilities. Many entry level workers hold two jobs and/or need child care to return to school.

Hospital representatives expressed concern about "return on investment." While most workers will stay on the job while going to school, it is expected that many will seek employment elsewhere upon, or shortly after, graduation. In general this is recognized as a risk "worth taking" if the total pool of licensed health care providers of Maryland would be increased.

a. Employee Interest in Educational Advancement

Human resource directors and trainers stated that although many employees seem to be interested in educational advancement, they estimate that less than 5% of the work force would actually take advantage of such opportunities. Reasons for this extremely low rate of participation include:

Home and family responsibilities (second jobs, child care, caring for elderly family members).

Financial issues (income from second job, cost of tuition, books, transportation to and from classes).

Lack of confidence in ability to succeed.

b. Financing for Employee Education

Many hospitals offer financial assistance options for their unlicensed health care providers. Virtually all have some form of tuition reimbursement. Some contribute to a special fund for worker retraining. These funds are usually established with trade unions and administered in accordance with terms agreed to as part of a labor contract. Others have established special funds for employees to pursue education in nursing or allied health careers.

Employees pay for some types of education. If the classes are taught or contracted for by the hospital, reduced rates may be offered to employees. In cases where education is offered to non-employees, the hospital may reimburse educational expenses if the student is subsequently employed. In some situations, available training funds are augmented with grants from the Health Services Cost Review Commission, Nurse

Education Support Programs, and State and local government. Subsidy programs which provide tuition assistance and continuation of benefits while an employee works part-time and goes to school full time are offered by some hospitals. This arrangement usually requires a commitment to work at the hospital for a specified period after graduation.

c. What Hospitals Are Doing to Promote Educational Mobility

Hospitals throughout Maryland offer a variety of options to assist workers seeking educational advancement. These include:

High School equivalence courses (GED) at the work place.

Retraining as jobs are upgraded.

General computer skills courses.

Medical terminology.

Adult basic education.

College courses at the work place.

Tuition and scholarship program.

Special scheduling to accommodate classes.

C. SURVEY OF NURSING HOMES

A survey of nursing homes was also conducted. The Health Facilities Association of Maryland mailed 120 questionnaires to its members asking them for input concerning educational mobility for unlicensed persons. Seven facilities responded to the survey. Based on this very small sample, it would appear that 2 to 5 nursing personnel per year at a given facility may be interested in upward mobility. Facilities within a corporate

chain offer modest stipends. Other facilities also attempt to provide limited financial assistance.

Facilities face the burden of replacing the individual while in class. A special concern of nursing homes is that the facility may also lose that staff person upon completion of the higher degree since the facility may not be able to offer a higher paying position.

Financing is another major impediment to educational mobility. The individual often cannot afford to take time off from work to attend classes. If the individual is able to arrange her schedule, but children are involved, child care may be prohibitive. Other problems include lack of transportation to class, inadequate support services, and a general lack of self-confidence in one's ability to achieve upward mobility.

D. NATIONWIDE ACTIVITIES RELATED TO UNLICENSED HEALTH CARE PROVIDERS

Nationwide activities related to the training of unlicensed health care providers were reviewed by the Task Force. The results of this investigation are summarized below.

1. The federal Omnibus Budget Reconciliation Act (OBRA) mandates that a competency based training program be in place by the fall of 1990 for all long-term care facilities which receive medicare and medicaid funds. This competency based training program will require each state to have an approved curriculum with a minimum of 75 hours to train unlicensed care providers. This legislation also mandates competency evaluation upon completion of the approved training program. In Maryland the responsibility for compliance with the OBRA legislation is currently placed with the Division of Licensing and Certification within the Department of Health and Mental Hygiene.

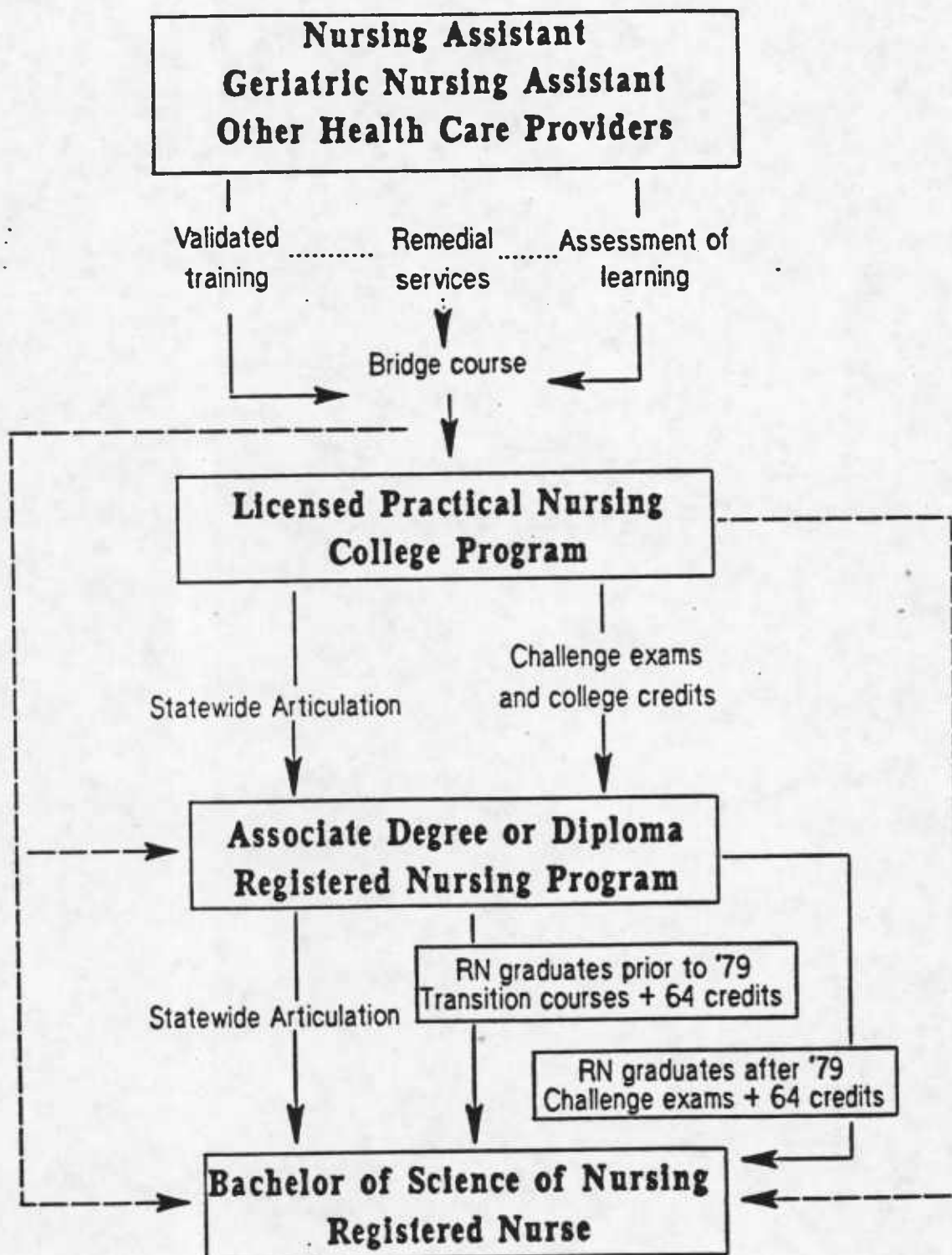
2. Around the country, states have been taking steps to comply with the requirements of the Omnibus Budget Reconciliation Act. For example, the Virginia Board of Nursing is currently involved in approving nursing aide programs and in testing all persons wanting to use the job title certified nurse aide, a legal title in the State of Virginia. A nurse aide registry has been in operation since August of 1989. Additionally, the Virginia Board investigates complaints of patient abuse filed by families of patients and employers of aides. The Board has the power to determine whether or not to revoke an aide's certification for patient abuse.
3. The New Hampshire Board of Nursing has been identified as the agency to register certified nurses aides, to establish educational requirements, competency evaluation, facility requirements, and the disciplinary process for nursing assistants.
4. The State of Maine is planning to establish a standardized curriculum for certified nursing assistant programs. Students completing these programs will be granted advanced placement in practical nursing programs or other health occupation programs. These programs will have to be approved by the Board of Nursing.
5. The North Carolina Board of Nursing has statutory authority for certification of all nursing assistants. Any unlicensed person working as a nursing assistant in North Carolina, regardless of the setting, must complete an approved curriculum and pass a competency evaluation. Since all education is standardized advanced placement is facilitated.

A MODEL FOR NURSING MOBILITY IN MARYLAND

Directly articulated programs are among the most exciting innovations in nursing education over the past ten years. Programs that provide direct articulation offer opportunities for nurses to move up the educational ladder without unnecessary obstacles if they choose to continue their education. In 1984, Maryland became the first state to establish a statewide articulation model that allowed graduates of associate degree nursing programs to move directly into baccalaureate nursing programs offered at Maryland colleges and universities (see Appendix B). In 1989, Maryland adopted a statewide model for the articulation of practical nursing programs with associate degree nursing programs (see Appendix C). With this report, The Task Force on Educational Mobility recommends a third and final phase in the credentialing process to ensure complete educational mobility for nursing professionals that complements the existing articulation models. Once this third phase is completed, there will be no educational obstacles to a nurse's professional advancement from nursing assistant or geriatric nursing assistant through the undergraduate level of nursing education. The chart on page 17 summarizes the complete nursing mobility model.

Through a combination of identifying objectives of curricula in different academic programs, testing for competence, and providing specialized bridge and transition courses to prepare students for advancement, the model is intended to facilitate and encourage health care providers to advance in their careers. This, in turn, will increase the number of unlicensed health care providers who become licensed nurses and will thereby help reduce the critical shortage of registered nurses. Students following the model will benefit by a reduction in the total cost of

# NURSING MOBILITY IN MARYLAND



their education and additionally have an opportunity for employment as health care providers at each level of qualification while seeking a baccalaureate degree in nursing.

The newly proposed third component involves granting college credit toward a licensed practical nurse certificate or an associate degree in nursing for competencies learned in non-collegiate programs for geriatric nursing assistants and nursing assistants.

#### **Recommendation #1**

Establishment of a statewide validation committee under the auspices of the Board of Nursing in cooperation with the State Board of Community Colleges, State Department of Education, and Maryland Higher Education Commission to:

- a. Identify the core competencies currently taught in beginning level nursing courses which are also incorporated in programs preparing unlicensed care providers (e.g. geriatric nursing assistants, nursing assistants and other unlicensed care providers).
- b. Develop a validation process through which participating programs can submit their curricula to the Board of Nursing for review and approval to participate in this validation model.
- c. The validation committee shall include representatives from a variety of agencies, secondary and post-secondary public and private and other organizations offering education programs for unlicensed providers.

#### **Discussion:**

In order to assist schools in the validation process, evaluation and approval mechanisms for programs should be established. This will assure minimum standards regarding teachers, course content and clinical practice are met. The validation process would consist of an analysis of the

objectives of each course in the non-collegiate program to assure the validation committee that the required competencies are being taught. Participation in validating curriculum will be at the discretion of the programs teaching nursing assistants and others. The Board of Nursing is the appropriate agency to implement the approval process, since the Board currently has a similar responsibility for nursing education programs.

Colleges participating in the articulation program will then identify "modules" of their beginning nursing courses which teach the same competencies as the non-collegiate programs. Each of these modules will carry 1 to 3 credits toward an LPN certificate or an ADN degree. This credit may be earned through challenge examinations or may be earned by proof of graduation from a program with a "validated curriculum."

#### **Recommendation #2**

That the Board of Nursing identify and approve a standardized test to be administered to those people desiring to "challenge" specific modules of beginning level courses.

#### **Discussion**

Testing instruments for validating the knowledge and skills of unlicensed health care providers are currently available. These tests are designed to assess the minimum competence of individuals to perform the job of nursing aide safely and effectively. One examination, developed by the National Council of State Boards of Nursing nationwide, reflects activities performed by workers in long-term settings and includes both written and clinical components. This competency evaluation examination, as well as several others offered by testing companies services, is available for adoption by educational institutions or government agencies.

The cost for administering these tests is fairly low, and results are promptly reported. Use of such examinations also provides for mobility of the unlicensed person.

### **Recommendation #3**

That participating colleges provide special remedial bridge courses and transitional studies programs. The introduction of bridge courses will give access to collegiate programs to unlicensed health care providers with learning disadvantages who might otherwise be discouraged from enrolling in a college program.

### **Discussion**

A significant proportion of unlicensed health care providers are not presently able to take advantage of access to collegiate programs because of either learning deficiencies or poor academic skills. The introduction of bridge courses will give access to collegiate programs to unlicensed health care providers with learning disadvantages who might otherwise be discouraged from enrolling in a college program. One such "bridge course" is offered at Prince George's Community College.

### **Recommendation #4**

That funds be provided in the budget of the State Board for Community Colleges for community colleges to develop and implement the nursing assistant/geriatric nursing assistant-community college articulation model.

### **Discussion**

The Task Force recognizes that increased funding will be necessary to carry out the specific objectives proposed by this new component of the nursing educational mobility model.

#### **Recommendation #5**

The responsibility for compliance with the Omnibus Budget Reconciliation Act (OBRA), in relation to unlicensed care providers in Maryland, be transferred from the Division of Licensing and Certification within the Department of Health and Mental Hygiene to the State Board of Nursing. This may require enabling legislation.

#### **Discussion**

This activity will assure coordination with the statewide nursing mobility and reduce duplication of activities within the agencies.

#### **VI. IMPLEMENTATION**

Successful implementation of the third phase in the nursing educational mobility model will require the cooperation of the various public and private agencies and institutions identified in this report. Supportive actions suggested by the Task Force for these groups are summarized in Appendix D.

APPENDIX A  
TASK FORCE ON EDUCATIONAL MOBILITY  
PHASE I REPORT  
EXECUTIVE SUMMARY

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The 1989 Session of the Maryland General Assembly enacted Senate Bill 704 which required the Maryland Higher Education Commission and the State Board of Nursing to establish a Task Force to:

1. Investigate the feasibility of creating a licensed practical nursing component within the associate degree nursing program.
2. Investigate the feasibility of awarding advanced standing to unlicensed nursing care providers in college-based licensed practical nursing programs; and
3. Investigate the feasibility of establishing a program to assess and subsequently address any educational deficiencies with existing unlicensed care providers, to enable them to enter into licensed practical nurse or registered nurse education programs.

The Task Force included representatives from the State Board of Nursing, Maryland Higher Education Commission, State Board for Community Colleges, Maryland Hospital Association, and Health Facilities Association of Maryland and was chaired by Rosemarie E. Liberatore, R.N. Due to the complexities of the charge, it was determined that the Task Force would address the first charge dealing with the issue of students who had completed one year of a

registered nurse (RN) education program but wished to complete a licensed practical nurse (LPN) program prior to graduating from the RN program. Once this issue had been addressed, the Task Force would proceed with the second phase of the legislation and address the issue of the unlicensed person.

One of the difficulties the Task Force had was obtaining reliable data regarding the number of students who would take advantage of any new program. It was established that a job market does exist for the LPN. Despite the lack of hard data, it appeared that four groups of students would benefit from the option to become an LPN.

1. The ADN student who is not able to complete the program for academic reasons;
2. The ADN student who must pursue study on a part-time basis;
3. The ADN student who must interrupt study for an indefinite period of time for any reason; and
4. The ADN student who would like PN licensure in order to increase his/her earning potential while completing his/her associate degree program.

To qualify for licensure as an LPN, the student must graduate from a state-approved school of practical nursing and subsequently pass the NCLEX-PN licensure examination. Thus, the Task Force's first challenge was to determine how an associate degree nursing (ADN) candidate might graduate from a PN program without interfering with RN studies. A summer course, to be taken at the completion of the first year of the ADN curriculum, was deemed the most feasible method. The Task Force gathered data from a variety of sources and developed six possible models. After reviewing the advantages and disadvantages, a summer course that would provide

an introduction to the LPN role and appropriate clinical practice for students was selected. The Task Force also agreed that these programs should be offered on a regional basis and evaluated to determine the need for expansion.

ADN Students would join PN classes in progress and graduate at the end of the summer. At that time the ADN students would have the option of resuming ADN courses or taking time off to work. In either case, the newly graduated PN would be eligible to sit for the LPN licensure examination.

The Task Force met with the directors of the ADN programs, the deans of community college health career programs, and representatives of hospital based LPN programs to discuss the proposal. The Task Force incorporated suggestions made at the meetings into the final proposal.

### Recommendations

The Task Force concluded that it is feasible to develop a mechanism whereby students enrolled in ADN programs would be eligible to sit for the LPN examination after completion of the first calendar year of study.

It is recommended that Model III be implemented as an optional course of study for ADN students who wish to take the LPN examination.

It is recommended that six regional centers be designated to provide the optional course to qualify RN students to take the LPN exam.

It is further recommended that a three-phased timeline be adopted for implementation of the proposed model. This would allow maximum flexibility in adjusting to demand and insure that unneeded programs are not developed.

In order to develop and implement this model, it is recommended that the General Assembly provide adequate funds, without which the model cannot be established.

A regional approach allows maximum utilization of existing resources in schools already offering a practical nursing curriculum. In addition, it ensures reasonable access for all students. Regional schools will be strategically located to provide travel convenience and tuition will be based on in-county resident fees.

Initial implementation in three regions (Eastern, Southern, and Northern) will provide a pilot test of the summer option. Expansion will be guided by experiences in the pilot phase. It was clear from discussions with program administrators that no monies are available within current allocations to fund such a project. The estimated start-up costs would be \$224,000 the first year, \$235,200 in the second year, and \$246,960 in the third year. A detailed budget has been projected.

The objective of the proposed summer option is to increase the number of students who successfully complete course of nursing study and subsequently pass licensure examination.

Program directors estimate that three to five students per academic year may interrupt or terminate study. Thus, implementation of the summer option could affect between 42 to 70 students each year. Students drop-out for many reasons, the most common ones being academic, financial, and personal problems. By electing the summer option, students will be able to:

- \* pursue a course of study that is more commensurate with academic abilities;
- \* qualify for LPN licensure;
- \* seek LPN employment, while continuing to pursue ADN qualifications on a full or part-time basis;

- \* interrupt studies in a way that enables them to rejoin the ADN program without loss of time or credit;
- \* qualify for the employee assistance program that facilitates RN completion by LPNs; and,
- \* gain valuable clinical experience while completing RN course work.

These benefits should enable a greater number of students to graduate from community college based PN and ADN programs. Success of the summer program will be assured in light of the number of students positively affected.

## APPENDIX B

### NURSING MOBILITY IN MARYLAND

#### ASSOCIATE DEGREE TO BACHELOR OF SCIENCE IN NURSING

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Under this model, several options for articulating from one level of nursing program to another have been developed. The various options are described below. Individual institutions have developed transfer agreements with other institutions in the State.

Option 1A. Nurses graduating from diploma and associate degree programs after September 1979 may transfer directly into a BSN program in a public college or university. No placement examinations are required. Students must, however, meet admission requirements of the BSN institution. In order to complete the degree, up to 64 additional semester credits of course work, with approximately half in professional nursing and half in general education, may be required by the degree-granting institution. In order of transfer directly from a Maryland Diploma or ADN program to a BSN program without placement examinations, students must begin work on the BSN degree within seven years of their graduation from the diploma or ADN program and must complete the BSN program within 10 years from their diploma or ADN graduation date. Graduates from September 1979 through 1986, however, will have until 1995 to complete their program.

This option applies only to graduates of ADN and Diploma approved nursing programs in the State of Maryland. Graduates of out-of-state schools must follow Option 2A.

Option 2A. Diploma and ADN registered nurses may also transfer in credits and/or take placement examinations toward a BSN degree.

- a) Examinations may be taken for nursing subject areas up to a maximum of 30 credits.

Examinations for general education and support courses (e.g., anatomy-physiology and sociology) may be taken. A total of 60 credits is the maximum which may be received by examination. Contact the individual BSN programs regarding the placement examinations if more specific information is desired.

- b) General education and/or support credit courses may be transferred to the BSN program, but acceptance of individual courses is determined by the BSN institution.

In any case, a maximum of 90 credits may be earned toward the BSN degree through examination and transfer of credits. The remaining credits required for the degree must be earned at the institution granting the degree.

## APPENDIX C

### NURSING MOBILITY IN MARYLAND

#### LICENSED PRACTICAL NURSE TO ASSOCIATE DEGREE IN NURSING

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In accordance with the statewide practical nurse-associate degree nurse articulation agreement approved by the State Board for Community Colleges, the Maryland Higher Education Commission and the Maryland Board of Nursing in 1989, the following practical nursing education programs have been validated as meeting the criteria for inclusion on the list of approved programs:

Baltimore City Public Schools, High School Practical Nursing Program

Carroll County Vocational Technical Center

Charles County Community College

Eastern Shore Hospital Center

Eastern Vocational Technical High School

Frederick Community College

Harford Community College

Johnston School of Practical Nursing

Anne Arundel Center for Applied Technology-North

Wor-Wic Tech Community College

Licensed practical nurses who graduated from any of these programs since January 1, 1985, may go to any participating associate degree nursing program and, upon acceptance and successful

completion of the bridge course, will be granted credit for the first year nursing courses in the curriculum.

All fourteen Community Colleges with nursing programs are participating in the program. They include:

**Allegany Community College**

**Anne Arundel Community College**

**Catonsville Community College**

**Cecil Community College**

**Charles Community College**

**Community College of Baltimore**

**Essex Community College**

**Frederick Community College**

**Hagerstown Junior College**

**Harford Community College**

**Howard Community College**

**Montgomery Community College**

**Prince George's Community College**

**Wor-Wic Tech Community College**

It should be understood that not all participating community colleges will offer the bridge courses on their campus. Students may be required to take the bridge course at a regional site.

Licensed practical nurses who graduated prior to January 1, 1985 or who graduated from non-participating practical nursing programs may be eligible for advanced standing on an individually determined basis.

APPENDIX D  
NURSING MOBILITY IN MARYLAND  
PHASE II REPORT - IMPLEMENTATION SUPPORT

The Task Force on Educational Mobility suggests that the following support be provided by the groups specified to facilitate implementation of the third phase in the educational mobility model for nursing professionals.

A. EMPLOYERS OF UNLICENSED HEALTH CARE PROVIDERS:

1. Provide information to employees on options in pursuing upward mobility in nursing education.
2. Assess interest among employees in pursuing upward mobility through nursing education.
3. Encourage and enable workers to attend classes:
  - a. Publicize available classes.
  - b. Publicize available funds.
  - c. Develop mechanisms for tuition to be paid at the beginning of the term to avoid financial hardship.
  - d. Adjust schedule to facilitate attendance in classes.
  - e. Organize a mentorship program in which other staff provide encouragement and support such as tutoring to aspiring coworkers.
4. Allocate resources to support employees interested in further education in nursing.  
Resources would include tuition reimbursement as well as necessary release time.

5. Reorganize the work place to emphasize available career paths:

- a. Provide clearly defined paths for advancement.
- b. Develop related pay strategies that recognize a worker's advancement, acceptance, and responsibilities.

6. Develop mechanisms to identify employees who are interested in advancement and are likely to succeed.

7. Establish a testing mechanism which assesses the capability of each worker:

- a.) Provide counseling to assist the worker to explore career alternatives and to understand and overcome any knowledge deficits and learning disabilities.
- b.) Assist with meeting financial needs to the extent possible.
- c.) Provide referral to child care and other supportive services as needed.

8. Implement a mechanism to insure appropriate return on investment. For instance, many institutions require one year of work in return for one year of tuition support.

**B. ADMINISTRATORS OF NURSING EDUCATION PROGRAMS:**

- 1. Recognize that each type of unlicensed care provider must be considered separately.
- 2. Be knowledgeable about the curriculum in place in the specific programs (geriatric nursing assistant, etc.).
- 3. Evaluate the fundamentals of nursing course in each nursing education program to determine areas of similarity in course content.
- 4. Revise fundamentals of nursing courses to provide a mechanism for the student to be exempt from or challenge appropriate content. The revision might include adopting a

modular format or dividing fundamentals of nursing content into separate courses (theory and skills).

5. Allow faculty released time to plan any revisions in the program required by the implementation of this model.
6. Offer remedial courses to address any educational deficiencies and increase the probability that students will be successful.
7. Facilitate the offering of educational programs to the hospital work site including:
  - a. GED.
  - b. Adult basic education, including reading, writing, and basic math.
  - c. General education college courses for health professionals, (e.g., English, psychology, sociology, basic sciences, etc.)
  - d. College preparation.
  - e. English as a second language.
8. Provide information to students on routes of upward mobility in nursing education available to them.
9. Assist students in meeting the criteria for general admission to the institution, admission to the nursing program, and advanced placement in nursing courses.

#### **C. DIVISION OF LICENSURE AND CERTIFICATION/BOARD OF NURSING**

1. Standardize curriculum in geriatric nursing aide programs as well as other programs for unlicensed health care providers.
2. Implement a standardized test for geriatric nursing assistants and other types of care givers.

APPENDIX E  
BUDGET PROJECTIONS  
COMMUNITY COLLEGE IMPLEMENTATION  
OF EDUCATIONAL MOBILITY MODEL  
FOR UNLICENSED HEALTH CARE PROVIDERS

Identify and match competencies and reconfigure LPN and/or ADN curricula as necessary, first year only (Calculated on basis of six (6) hours of release time for one full-time faculty member per college)	\$7,200
Administration of program; monitoring and counseling of students (Calculated on a basis of three (3) hours of release time for one full-time faculty member per semester, per college)	\$7,200
Advertising; marketing; supplies	<u>\$3,000</u>
Per school	\$17,400
Fourteen (14) Community Colleges @\$17,400, for first year	\$243,600
Fourteen (14) Community Colleges @\$10,200, annually after first year	\$142,800

## APPENDIX F

### TASK FORCE MEMBERS

Rosemarie E. Liberatore, R.N., M.S.  
Chairperson

Jacqueline Carson, R.N.  
Health Facilities Association of Maryland

Catherine Crowley, R.N., M.S.  
Maryland Hospital Association

Margaret M. DeStefanis, R.N., M.S.  
Charles County Community College

Donna M. Dorsey, R.N., M.S.  
Maryland Board of Nursing

Deborah J. Feldman, R.N., M.N.  
Maryland Board of Nursing

Dr. Jean Hunter  
State Board of Community Colleges

Martha Matlick, R.N. Ed.D.  
Howard Community College

Michael R. Morton  
State Council on Vocational-Technical Education

Dr. David Sumler  
Maryland Higher Education Commission

Judith Feustle, R.N., M.S.  
Union Memorial Hospital